

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/517256**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		2		1		2
4		(1)		1		(1)
5		(1)		1		(1)
6		(1)		1		(1)
7		(1)		1		(1)
8		(1)		1		(1)
9		(1)		1		(1)
10		(1)		1		(1)
11		(1)		1		(1)
12	1		1		1	
13	1		1		1	
14	1		1		1	
15		3		1		3
16		3		1		3
17		3		1		3
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5	↓	5	↓	5	↓
TOTAL DEP.	19	←	12	←	19	←
TOTAL CLAIMS	24		17		24	

\* in Remarks  
section of Pre-  
A submitted on  
8/16/2006,  
applicant only  
intended to  
amend SEQ ID  
NO identifiers,  
not revert back  
to original  
improper  
multiple claims

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	